

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731322 (4)  
1. Corporation Name  
EVANGELICAL COVENANT CHURCH OF VENICE ISLES, INC



Principal Place of Business: 513 CERVINA DR. N, VENICE FL 34292, US  
Mailing Address: 513 CERVINA DR. N, VENICE FL 34292-3409, US

3. Date Incorporated or Qualified: 12/05/1974  
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. 796 BAVEND DR., VENICE FL 34292, US  
2a. Mailing Address (26): Suite, Apt. #, etc. 796 BAVEND DR., VENICE FL 34292, US

4. FEI Number: 59-1574630  
Applied For: Not Applicable

9. Name and Address of Current Registered Agent: OHRN, CARL, 108 VIA VENETO, VENICE FL 34292

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

10. Name and Address of New Registered Agent

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

81 Name: OHRN, CARL  
82 Street Address (P.O. Box Number is Not Acceptable): 108 VIA VENETO  
83  
84 City: VENICE  
85 Zip Code: FL 34292

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	OHRN, CARL
STREET ADDRESS	108 VIA VENETO
CITY-ST-ZIP	VENICE FL 34292
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCHELL, ESTHER
STREET ADDRESS	817 TRENTO DR.
CITY-ST-ZIP	VENICE, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	BITTNER, BEN
STREET ADDRESS	499 CERVINA DR., N.
CITY-ST-ZIP	VENICE, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl H. Ohrn CARL H. OHRN Jan 20, 1997 495-6148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0064990

CR2E037 (9/96)